

Dyspepsia Referral Guideline

Diagnosis/Definition

- Episodic or persistent abdominal symptoms, often related to meals, which patients or physicians believe to be due to disorders of the proximal digestive tract. This usually manifests as an epigastric discomfort, accompanied by fullness, burning, belching, bloating, nausea, vomiting, fatty food intolerance or difficulty completing a meal; bowel habits usually remain unaltered.

Initial Diagnosis and Management

- A history and physical exam, noting in particular NSAID use, past history of PUD, and an attempt to distinguish GERD, irritable bowel syndrome, biliary colic, aerophagia from dyspepsia.

Ongoing Management and Objectives

- If on NSAID's, attempt to stop (consider Tylenol +/- codeine for analgesia).
- If patient is <45 yrs and has no alarm features (e.g., weight loss, recurrent vomiting, dysphagia, evidence of bleeding, or iron deficiency anemia), then give an empiric trial of either H2-blockers or a proton pump inhibitor for 4 weeks. If the initial treatment is with H2-blockers and there is no response (or incomplete) after 4 weeks, switch to a PPI for 4 weeks. If treatment fails with either option, refer for endoscopy.
- If the patient is >45 yrs or has alarm features, refer for endoscopy.
- In patients previously diagnosed with NON-ULCER DYSPEPSIA (NUD) (dyspepsia with normal endoscopy or showing only gastritis): Antacids, H2-blockers or PPI's can be tried for "acid" type pain, Reglan can be tried for pt's with nausea, vomiting, or bloating.

Indications for Specialty Care Referral

- New onset dyspepsia in any pt is >45 yrs or with alarm features (unexplained weight loss, recurrent vomiting, dysphagia, evidence of bleeding, or iron deficiency anemia associated with dyspepsia).
- No response to empiric PPI's (+/- after initial treatment with H2-blockers).
- Patients treated for H. pylori, but with persistent or recurrent dyspepsia.

Criteria for Return to Primary Care

- Completed GI evaluation that outlines further care.
- Diagnosis of non-ulcer dyspepsia (NUD). *Patients with the diagnosis of NUD do NOT need repetitive EGDs or evaluation if their symptoms are stable and they have no alarm features.*